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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

6945151

Filing Date

OCTOBER 12, 2000

First Named Inventor

JASON E. TRIPARD

Art Unit

3724

Examiner Name

STEPHEN CHOI

Attorney Docket Number

MI22-1550

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	PTO RETURN RECEIPT POSTCARD; REQUEST FOR CERTIFICATE OF CORRECTION; CERTIFICATE OF CORRECTION (2); CHECK
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	PATENT NO. 6,945,151 B1	ISSUED: SEPTEMBER 20, 2005

**Certificate
JUN 01 2006
of Correction**

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WELLS ST. JOHN P.S. (Customer No. 021567)		
Signature			
Printed name	D. BRENT KENADY		
Date	5-25-06	Reg. No.	40,045

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	NATALIE KING		
Typed or printed name		Date	5/25/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JUN 01 2006



Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/687,600
		Filing Date	OCTOBER 12, 2000
		First Named Inventor	JASON E. TRIPARD
		Examiner Name	STEPHEN CHOI
		Art Unit	3724
TOTAL AMOUNT OF PAYMENT (\$) 100.00		Attorney Docket No.	MI22-1550

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: WELLS ST. JOHN P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>REQUEST FOR CERTIFICATE OF CORRECTION</u>	100.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	40,045	Telephone	509-624-4276
Name (Print/Type)	D. BRENT KENADY			Date	5-25-06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL For FY 2005		Application Number	09/687,600
		Filing Date	OCTOBER 12, 2000
		First Named Inventor	JASON E. TRIPARD
		Examiner Name	STEPHEN CHOI
		Art Unit	3724
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	MI22-1550
TOTAL AMOUNT OF PAYMENT (\$)		100.00	

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☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: WELLS ST. JOHN P.S.

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

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Fee Description	Fee (\$)	Small Entity Fee (\$)
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Description	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): REQUEST FOR CERTIFICATE OF CORRECTION	100.00

SUBMITTED BY		
Signature		Registration No. 40,045 (Attorney/Agent)
Name (Print/Type)	D. BRENT KENADY	Telephone 509-624-4276
		Date 5-25-06

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent No 6,945,151 B1
Patent Issue Date September 20, 2005
Application Serial No. 09/687,600
Filing Date October 12, 2000
Assignee Micron Technology, Inc.
Inventorship Jason E. Tripard
Attorney's Docket No. MI22-1550
Title: Integrated Circuit Package Separators

**REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT FOR
APPLICANT MISTAKE and PTO MISTAKES (37 C.F.R. §§ 1.322(a) and 1.323)**

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
ATTN: Decision and Certificate of Correction
Branch of the Patent Issue Division

From: D. Brent Kenady (Tel. 509-624-4276; Fax 509-838-3424)
Wells St. John P.S.
601 W. First Avenue, Suite 1300
Spokane, WA 99201-3828

Sir:

It is hereby requested that a Certificate of Correction be issued with respect to Patent No. 6,945,151 B1, granted September 20, 2005, in accordance with the Certificate of Correction form attached hereto in duplicate.

It is noted that an error appears in this patent of a typographical nature of character, as more fully described below. The error occurred in good faith. Correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination.

The other error listed on the Certificate of Correction form were apparently incurred through the fault of the PTO as will be disclosed by the records of files in the Office.

05/31/2006 SSITHIB2 00000045 6945151
01 FC:1811

100.00 OP

JUN 01 2006

Attached hereto, in duplicate, is Form PTO-1050, with at least one copy being suitable for printing.

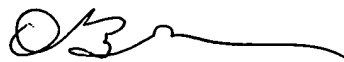
The exact page and line number where the error occurs in the application file are:

Page 8, line 4.

Enclosed is a check in the amount of \$100.00, as required by 37 CFR 1.20(a).

Respectfully submitted,

Dated: 5-25-06

By: 
D. Brent Kenady
Reg. No. 40,045

JUN 01 2006

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 6,945,151 B1
DATED : September 20, 2005
INVENTOR(S) : Tripard

It is certified that errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Col. 4, line 8, please delete "48a" after "table" and insert --44a--.

Col. 8, line 25, claim 14, please insert --of the pair--after "back-pressure".

Page
1 of 1

Mailing Address of Sender:
D. Brent Kenady
Wells St. John P.S.
601 West First Avenue, Suite 1300
Spokane, WA 99201-3828

Patent No. 6,945,151 B1

UNITED STATES PATENT AND TRADEMARK OFFICE
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DATED : September 20, 2005
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